MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE, 18	B
AAEDIC	AI EV	A MINIED'S C	EDTIELCATE	OF DEATH	

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9 ;	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg

10061

Littem / Film G249 1	LU/2/59 1WK Reg.	Dist. No.
1. PLACE OF DEATH ARULTNE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residue) b. COUNTY	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL ord give neotest lown)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autide corporate limits, write RURAL a	nd give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADORESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ARL EMERSON C	AHALL 4. DATE OF DEATH Selot.	Doy Year 57
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  Sept. 4, 1907  9. AGE (in years tool hirthdoy)  Months  yrs.	R 1YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11/01RTHPLACE (Stote or foreign country) 12. CI	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME Clerk Cahall	14. MOTHER'S MAIDEN NAME Ormantha ho	lele
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Thomas Calall Mile	Ird, Del.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  MYDCURALLY	acite	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (b) Mypolantites	Phronie	244
(a), stoting the underlying DUE TO couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTR		PERFORMED?
TOWN IN THE TOWN	Enter nature of injury in Part I ar Part II of item 18.)  Adeseocle	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40 foct While Not while of work of two of work 19	CE OF INJURY (Home, form, 20f. (City or town) (C tary, street, office bldg., etc.)	County) (State)
21. I certify that I took charge of the remains described about death resulted from: Natural causes, Accident, Sui	ove, held an Autopsy, Inspection, Inquicide, Undetermined cause	iry (风, ond find the □.
ACTUAL SIGNATURE Dawron & George	M.D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
EXAMINER'S DAWSOH O GODE	ASSISTANT MEDICAL EXAMINER D	9-21-57
220. BURIAL, CREMATION, REMOVAL (Specify)  PLANTER OF THEREOF 22c. NAME OF CEMETERY OF THE PROPERTY OF THE PRO	CREMATORY 22d. LOCATION (City, town, or couply)	5 Del.
23. FUNDERAL DIRECTOR'S SIGNATURE ADDRESS PIL	DATE SEP 2 8 59 24b. REGISTRAR'S S	IGNATURE

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	Treatment of			

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

	100	83	CERTII	FICAT	E OF DE	ATH	ı		Reg. D	ist. No.		Con
3. PLACE OF DEATH o. COUNTY	Caroline		MARYL		o. STATE	ort.	ere decessed	lived. If institut	loni Reside Un	nce befo		ion)
b. CITY OR TOWN (I	If autside corporate limi		c. LENGTH OF STAY I	N 16	c. CITY OR TO	WN (If or		ate limits, write I	-	give nec	rest town	1)
Rural G	reensbor		4 Yrs.		(	U:	nknov	vn				
d. NAME OF HOSPIT	TAL (If not in hospital, g	ive street one	oddress)	/	d. STREET ADD		Unkno	wn				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Alberta	st	Middle Lou	Coo	k		4. DATE OF DEATH	Moi		13	′	Year 19 59
5. SEX Female	4	7. MARR	DIVORCED		1-24-1	.873		9. AGE (In years lost birthday) 5 yrs.	IF UNDE Months	Doys	Hours	ER 24 HRS. Min.
dyring not of wil	ON (Give kind of work of king life, even if retired	lone 10b.	None	RINDUSTRY	11. BIRTHPLAC	E (Stole o	or foreign co	untry)	12. C	U.S		COUNTRY
13. FATHER'S NAME Rev.	David R.	Pal	mer	1	4. MOTHER'S MA	Lau	AME ra Wa	adswort	h			
15. WAS DECEASED EVE (Yes, no or unknown)	R IN U. S. ARMED FOR Ill yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. INFO	~	ok	Gre	ensbor	lress	larv	lan	ð
Conditions, if a gave rise to i cause (a), stating lying cause last.	the under-	CEI	SEBABL 1	Mesi.		YOK	NT	JUNE	8,0	2	9E	BBS
CATI		DITIONS C	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO TH	TE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAI	RT 1(o) 1	PERFO	RMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (1	inter nature of in	njury in P	ort I ar Part	II of item 18.)	12			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	while	_ Not while	20e. PLACE foctory	OF INJURY (Hor, street, office bl	me, form, ldg., etc.	20f. (City	ar tawn)		(County)		(Stote)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	deceas ., 193	ed fram Men. 2., and that of		. 1957, curred at 1	-	ADDRESS (St	3 , 195 the causes of the caus	and on (	last so	e state	decease ed abave ATE SIGNE
200. BURIAL, CREMATIC REMOVAL (Specify) Removal	9-15-5	_	Greenwo	-	REMATORY		Newt	on, Ka	or county)		(Stote	•)
23 FUNERAL DIRECTOR	's SIGNATURE	Str	ADDRESS	20 7		40. REC'D	BY REGISTI		STRAR'S SI			

CERTIFICATE OF DEATH New Mark Line -3 CAL STORY BURNESS IN THE PARTY OF THE PARTY OF THE PARTY.

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HER SACREMAND THE RESIDENCE OF THE PROPERTY OF THE SECOND PROPERTY O

CERTIFICATE OF DEATH Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? YES NO d. STREET ADDRESS OR INSTITUTION c NAME OF First Middle 4. DATE Lock Month Day Year filled DECEASED OF (Type or print) 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthdoy) IF LINDER 1 YEAR IF UNDER 24 HRS R DATE OF RIGHT Months Hours DIVORCED [ WIDOWED MI papers. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY) 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? sath. during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) MIN DUE TO = Conditions, if any, which Suc gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🖂 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) 0. 11. While Not while of work of work 21. I certify that I attended the deceased from 105 Ithat I last saw the deceased and that death occurred M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S OREENSBORD NAME (Type) 220. BURIAL -CREMATION-22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Orthur & Hours 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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10085 CERTIFICATE OF DEATH

Reg. Dist. No. 10064

1.	PLACE OF DEATH	Carolin	ne ne	MARY	LAND	2. 1	JSUAL RESIDENCE (WI	-	lived. If instituti b. COUNTY	~	nce befo		ion)
	b. CITY OR TOWN (I RURAL and give no	f outside carporote limi	ts, write	c. LENGTH OF STAY	IN 16		E. CITY OR TOWN (IF	and the state of the	rote limits, write R				٦)
	Green			85 Yrs.		X	Greensb	oro					
	d. NAME OF HOSPIT	AL (If not in hospitol, g	ive street	address)		1	d. STREET ADDRESS					e. IS RES	IDENCE FARM?
		None					Main	Stree	t				NO ₩
3.	NAME OF DECEASED	Fir		Middle			Last	4. DATE OF	Mon	th	Do	y	Year
	(Type or print)	Gertrude		Clark		-	ngfellow	DEATH	9		7		19 59
	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	ED 🔲	B. DA	TE OF BIRTH		9. AGE (In years last birthdoy)	Months	Days	Hours	ER 24 HRS.
1-	emale	White	WIDOWI				-6-1873		85 yrs.	Monns	Deys	Hours	Min.
100	during most of work	N (Give kind of wark a	done 10b.		R INDU	STRY	11, BIRTHPLACE (State	or foreign co	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
H	pusewife			None			Maryla	nd		1	J.S	.A.	
13.	FATHER'S NAME		144			14	MOTHER'S MAIDEN	NAME					
	Amdre	ew Clark					Sarah	Jane	Thomas				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. 1	NFOR	MANT		Add	@53			
1	No	If yes, give war or dates of s	arvice)	None	7	ho	mas Clar	k Ce	ntervil	10	Mar	rvla	nd
	18. CAUSE OF DEA	TH [Enter anly one co	use per lin						11001 411			ERVAL BE	
		TH WAS CAUSED BY:				Ге	Hemorrha	C* C			ON	SET AND	DEATH
	33/X	IMMEDIATE CAUSE (o		0010	2 DI	الد الد	Helliol.Liff	ge					
				Gene	ana.	1 /	rteriosc	Jamaa	4 4 4 2 -				
	Canditians, if a	nmediate (D						reros	TS WITH				
	lying cause last.	the under DUE TO		Hype	erte	ens	lon						
z		JER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DE	ATLA BUIT	NOT	DELATED TO THE TERM	DIEFACE	COMPLETON	F	- 12 1	0 1444.6	A LITORAY
8	FANT III. OTF	IER SIGNIFICANT CON	DILIONS	ONIKIBUTING TO DE	AIN BUI	NOI	KELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PAI	(1 1(0)	PERFC	RMED?
5	20- ACCIDENT MA	E INIDENIANIO (T	201 056	COURT HOLY IN HURY O		D 45						YES [	№ □
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY O	CCOKKE	D. (En	ter nature at injury in i	roff I of Part	II of item 18.)				
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea		NJURY OCCURRED	20e. PL	ACE C	F INJURY IHame, form	. 20f. (City	ar town)	(	County)	, T. 11	(State)
WED	Haur o.m.	19	While of war	Not while	10	ctory,	street, office bldg., etc	-)					
	21 Leastifu th	at I attended the	docoos	ad from Allo	7 5		1057 to 9	Zont.	7 1059	Ab - A 1	1		1
	alive an	ept. 7	deceas	59 , and that		<i>J</i>	4:301	sent.	-f, 1922	_,that I	last so	w the	deceased
	dive di	~ # # # # # # # # # # # # # # # # # # #	, 1½	, and that	dearn	acc			the causes of th		he da		ed above
	ACTUAL .	2000 415	3-1	Trans 1			Greens						
	SIGNATURE	ecos 1	2 V	newy		M.D.	01 0011	30010	Mus		ept	ر و کر ه	1959
	PHYSICIAN'S NAME (Type)	Charles H	I. S	tonerifer	, N	I.D	•						
220	BURIAL, CREMATIO	N. 226. DATE THEREO	F	22c. NAME OF CEM	ETERY O	R CRE	MATORY	22d. LOCAT	ION (City, town, o	or county)		(Stat	e)
	REMOVAL (Specify) Burial	9-10-	50	Green	sbo	ro		Gre	ensboro	, Ma	ry	and	
23/	FUNERAL DIRECTOR		00	ADDRESS	-			D BY REGIST	RAR 24b. REGIS	TRAR'S SI	GNATU	RE	Lue
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VS A15 (4) 15M 9/55

## . . CERTIFICATE DEATH. 5181911 . . . CHARLES OF STREET T. Canada Co. Carpenda Managara ( to Catalana ) IV . . and the second of the second of the second Bull State . Cu

10065

Reg. Dist. No. 64

Careline c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO Month Day Yeor Sent. 195 9 IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs 12. CITIZEN OF WHAT COUNTRY? S. A. Address Federalsburg, ld INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 192 Ithat I last saw the deceased and that death accurred at 1:13M fram the causes and on the date stated above. ACTUAL

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial

22c. NAME OF CEMETERY OR CREMATORY Cemetery Bloomery

22d. LOCATION (City, town, or county) Federalsburg,

23. FUNERAL DIRECTOR'S SIGNATURE CERLUICED.

Sept.

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Whenes

**ADDRESS** Federalsburg, 24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

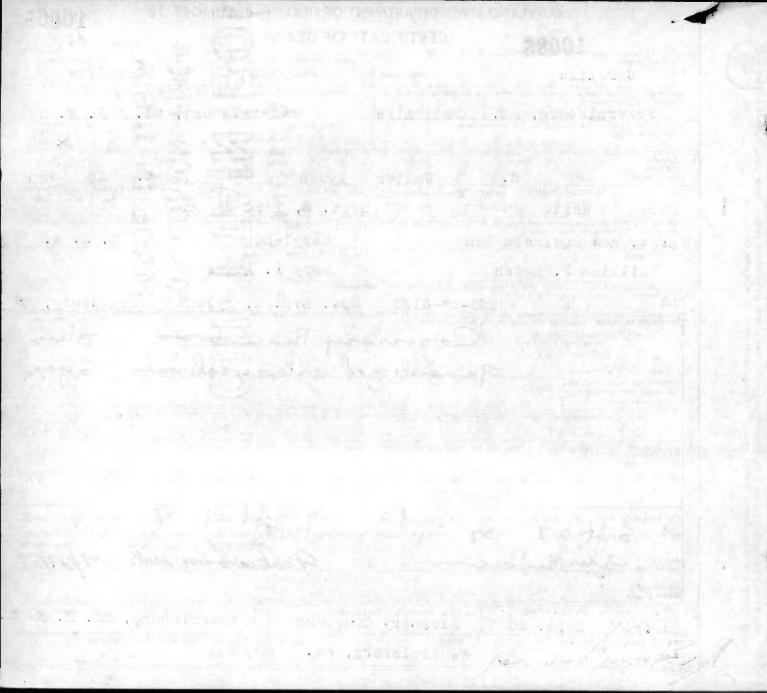
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VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		1008	3	CERI	TIFIC.	ATE OF D	EATH			R	eg. Di	st. No.	10	067
3.	PLACE OF DEATH	Caroline		MAI	RYLAND	2. USUAL RESID	aryla		b. COU		article .	ce befo		sion)
	B. CITY OR TOWN RURAL and give		ils, write	c. LENGTH OF STA		Ridge:		utside corpo	rote limits, wri	te RURA	L ond	give nec	rest tow	n)
	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, one	give street	oddress)		d. STREET A	DDRESS	No	ne				ON	SIDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Ina	rst	Midd	le	Matthe		4. DATE OF DEATH		Month 9		12	у	Yeor 19 59
5.	Female	6. COLOR OR RACE White	7. MARE	DIVOR		8. DATE OF BIRTH			9. AGE (In ye lost birthdo		UNDER onths	1 YEAR Days	IF UND Hours	ER 24 HRS. Min.
10	during most of wo Housev	ION (Give kind of work orking life, even if retired Vife	dane 10b.	None	OR INDU		lawai		ountry)			S.		COUNTRY
13.	FATHER'S NAME					14. MOTHER'S			~					
L		amuel Hugl					De.	Lorah	Coop					
(Y	NO	ER IN U. S. ARMED FOR	tervice)	None		INFORMANT Frank M	atthe	ews	Ridg	ely	, I	lar	yla	nd
	PART I. DE	EATH [Enter only one co ATH WAS CAUSED BY IMMEDIATE CAUSE (c		ne for (o). (b), and (	RE	BRA	1 t	tEM	OR R	40	6F	INTE	ET AND	DEATH
	Conditions, if gove rise to couse (o), stating	immediate DUE TO	1	upert	en	NON						2	· 42	aro
CERTIFICATION	PART II. O	THER SIGNIFICANT CON	1	CONTRIBUTING TO D	EATH BU	T NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION	GIVEN	IN PAR	T 1(o) 1	PERFC	AUTOPSY DRMED?
	200. ACCIDENT WOR CONTRIBUTION	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURR	ED. (Enter noture of	injury in P	ort I or Port	I II of item 18.					N III
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	10	or 20d. If While of wor	NOT while	20e. P	LACE OF INJURY () octory, street, office	tome, form, bldg., etc.)	20f. (City	ar town)		(0	County)		(State)
	21. I certify I alive on Actual SIGNATURE PHYSICIAN'S NAME (Type)	that Lattended the	196 17	23	ot death	, 1957 h accurred at M.D. 50	18:30		n the cause reet, city or to	s and	on t		te stat	decease ed abave ATE SIGNE
22	PEMOYAL (SPECIF		DF 1959	22c. NAME OF CE Ridgel		OR CREMATORY			rion (City, lov gely,	vn. or co	7	and	(Stol	le)
23	FUNERAL DIRECTO	R'S SIGNATURE,	1 4	ADDRESS	220	md.	240. REC'D	BY REGIST		EGISTRA Lillia				

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by be retained by the hospital or attending physician.

\*\*CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, get 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with a registrar prior to burial, crematian, ar remaval, and in any event within 72 pears after death. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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		100	89		CERTIFIC	ATE	OF DEAT	TH		Reg. D	ist. No			
	COUNTY C	roline			MARYLAND	11 /	STATE		f lived. If instituti b. COUNTY		ence before admission of the date stated bart in the d	ion)		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Goldsbor	20			50 Year	9 X	Gold	sboro						
	d. NAME OF HOSPITA OR INSTITUTION	IL (If not in hospitol, g	give street	oddress)		1	d. STREET ADDRESS	7107	رف		IS RESIDENCE     ON A FARM?     YES    NO			
	NAME OF DECEASED Type or print) AT		rsl		Middle D. Qu	il]	lost en	4. DATE OF DEATH	Mon 9			e before admission  line  ve nearest town)  e. IS RESIDION A FY YES N  Day Yee  19  YEAR IF UNDER Days Hours  ZEN OF WHAT CO  U.S.A.  INTERVAL BETWONSET AND DI  1(a) 19. WAS AU PERFORM YES N  Days Hours  2 A C  A C  A C  DATE  DATE  DATE  DATE  DATE  PERFORM  A C  DATE  DATE  DATE  DATE  PERFORM  A C  DATE  DAT	FA	
5. 5	Male	Cau.	WIDOW	ED 🗍	DIVORCED [	7	7 - 17 -	1882	9. AGE (In years last birthdoy) yrs.	Months		e before admission  Line  ve nearest town)  e. IS RESIDE ON A FA YES \( \)  Day  Yea  19  YEAR IF UNDER 2  Days Hours  ZEN OF WHAT CO  INTERVAL BETW  ONSET AND DE  1(0)  19. WAS AU  PERFORM YES \( \)  N  DOUNTY)  Dast saw the dee date stated  DATE  L. 26 159	ER 24 HRS. Min.	
100	during most of working Mechanic	ng life, even if retired	done 10b.			USTRY			ountry)	12. CI	TIZEN C	OF WHAT	COUNTRY	
13.	FATHER'S NAME			11011	~	14					0.0			
	William	H. Quil	len				Sarah	Davis						
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SE	CURITY NO. 17.	INFOR				ress				
(,,,,,	No	yes, greater or some or	2	13-0	5-1993	Ca	ara Qui	llen	Golds	boro	. II	d.		
z	Conditions, if on gove rise to im couse (a), stating the lying couse last.	DUE TO  y, which (to be under-)  DUE TO  OUT TO	))	A	Atherosi	ble	rotic Ca	rdiovs				BQ W/AC	ALITOREY	
CERTIFICATION				H	Hypertro	ph:	le Arthr	itis		TEN IN FA	K1 1(0)	PERFO	RMED?	
9	OR CONTRIBUTING I	CAUSE OF DEATH MEDICAL EXAMINER)				33								
MEDICAL	Hour o.m. p.m.	19	While of war	rk Of w	while ork	factory,	street, office bldg.,	etc.)					(Stole)	
	ACTUAL SIGNATURE	ach N	37	nee.	and that dea	th acc	curred at 11	ADDRESS (SI	n the causes of treel, city or town,	and an i	Day Ye  To Italian  Interval Bety Onset And D  To Italian  To Ital	ed abave		
	Burial	9-27-		Gr	eensbor		EMATORY		nsboro	Man	ence before admission) Coline d give nearest town)  e. IS RESIDED ON A FAI YES N  Day Yeor Day Hours  IP ERIYEAR IF UNDER 2 Days Hours  U.S.A.  INTERVAL BETWIN ONSET AND DE  ONSET AND DE  (County)  I last saw the decented of the date stated	e)		
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ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

CTOR: After this certificate has been signed by the attending physician and campletely filled

page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	131	CERT	ILICA	TE OF BLATI		······································	Reg. Dist. N	lo.	
PLACE OF DEATH  o. COUNTY				o. STATE			n Residence be	fore adm	ission)
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b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town)	its, write	c. LENGTH OF STA	A IN IP	· ·			RAL and give n	regrest to	wn)
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d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	-1-03			d. STREET ADDRESS	non	×.		Day Year  1 YEAR IF UNDER 2: Days Hours  12EN OF WHAT CO  INTERVAL BETWEE  ON A AUT PERFORME YES NO	A FARM?
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		SOCIAL SECURITY N	10. 17. 11	FORMANT		Addre	55		
No			I.	innie Slav	ghter	Gol	dsbor	o, I	Id.
18. CAUSE OF DEATH [Enter only one of	use per l	ine for (a), (b), and (	c).]						
	)		Car	cinoms of I	uno			Maci Air	DEATH
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Conditions, if any, which	ı						1000		
gave rise to immediate	,				42.0				1744
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PART II. OTHER SIGNIFICANT COL	IDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVE	N IN PART 1(0)	19. WA	S AUTOPSY
Arteriosc:	ero	tic Card	iovas	cular Dise	aase				
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DE	CRIBE HOW INJURY	OCCURRE	). (Enter nature of injury in	Port I or Port	II of item 18.)			
20c. TIME OF INJURY Month, Day, You Hour a.m.	While	Not while				or town)	(Caunt	(אי	(State
PLACE OF DEATH  O. COUNTY  Caroline  D. CITY OR TOWNS (if outside corporate limits, write RURAL and give nearest form)  UT al Goldsboro  LO Years  RURAL and give nearest form)  UT al Goldsboro  O. STATE Maryland  C. CITY OR TOWNS (if outside corporate limits, write RURAL and give nearest form)  UT al Goldsboro  O. STATE Maryland  C. CITY OR TOWNS (if outside corporate limits, write RURAL and give nearest form)  UT al Goldsboro  O. STATE Maryland  C. CITY OR TOWNS (if outside corporate limits, write RURAL and give nearest form)  UT al Goldsboro  O. STATE Maryland  C. CITY OR TOWNS (if outside corporate limits, write RURAL and give nearest form)  UT al Goldsboro  O. STATE Maryland  C. CITY OR TOWNS (if outside corporate limits, write RURAL and give nearest form)  UT al Goldsboro  O. STATE Maryland  C. CITY OR TOWNS (if outside corporate limits, write RURAL and give nearest form)  VEX. C. COROR RURE (If outside scape of limits, write RURAL and give nearest form)  NAME OF DEATH  Thomas  SEX  O. COLOR OR RACE  T. MARRIED  NORCED  NorceT  Nonlike's MAIDEN NAME  North Solds in Guita North in Hart if United North in Hart in									

9-28-59

Charles

220. BURIAL, CREMATION, 22b. DATE THEREOF

Stonesife

Fellows

M.D. 22c. NAME OF CEMETERY OR CREMATORY

Camden

Greensboro.

22d. LOCATION (City, town, or county) (Stote)

9-26-59

23. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN'S NAME (Type)

Odd ADDRESS

240. REC'D BY REGISTRAR DATE SEP 2 9 '59

Delaware
24b. REGISTRAR'S SIGNATURE Orthun & Hraus

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